

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00259481

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann Fishman

Signature of Treasurer

Electronically Filed by Ann Fishman

Date

05

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		41256.79
(b) Cash on Hand at Beginning of Reporting Period	17530.64	
(c) Total Receipts (from Line 19)	36598.60	53598.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54129.24	94855.39
7. Total Disbursements (from Line 31)	8932.65	49658.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45196.59	45196.59
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	100.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	0.00	100.00
12. Transfers From Affiliated/Other Party Committees	36598.60	53498.60
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36598.60	53598.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36598.60	53598.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8932.65	49658.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8932.65	49658.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8932.65	49658.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8932.65	49658.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8932.65	49658.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8932.65	49658.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Arizona Democratic Party

Mailing Address 13450 North Block Canyon Hwy, Ste.

City State Zip Code
 Phoenix AZ 85029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02928

Amount of Each Receipt this Period

1800.00

Dues

Full Name (Last, First, Middle Initial)

B. Dollars for Democrats

Mailing Address 430 S Capital St., SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

39323.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 12-01-01745-02932

Amount of Each Receipt this Period

24323.60

Transfer of Dues Payments

Full Name (Last, First, Middle Initial)

C. California Democratic Party

Mailing Address 911 20th Street, Suite 100

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02931

Amount of Each Receipt this Period

3750.00

Dues

SUBTOTAL of Receipts This Page (optional)

29873.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 15

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Colorado Democratic Party

Mailing Address 770 Grant Street, Ste. 200

City State Zip Code
 Denver CO 80203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02927

Amount of Each Receipt this Period

1575.00

Dues

Full Name (Last, First, Middle Initial)

B. Delaware Democratic Party

Mailing Address 3409 Lancaster Pike

City State Zip Code
 Wilmington DE 19805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02925

Amount of Each Receipt this Period

425.00

Dues

Full Name (Last, First, Middle Initial)

C. Maryland Democratic Party

Mailing Address 188 Main Street, Ste. 1

City State Zip Code
 Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02929

Amount of Each Receipt this Period

1800.00

Dues

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Massachusetts Democratic Party

Mailing Address 133 Portland St., 5th Floor

City State Zip Code
 Boston MA 02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02930

Amount of Each Receipt this Period

2250.00

Dues

Full Name (Last, First, Middle Initial)

B. Nevada Democratic Party

Mailing Address 3790 S. Paradise Rd. Ste. 130

City State Zip Code
 Las Vegas NV 89104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 12-01-01744-02926

Amount of Each Receipt this Period

675.00

Dues

SUBTOTAL of Receipts This Page (optional)

2925.00

TOTAL This Period (last page this line number only)

36598.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Scott Falmlen

Mailing Address North Carolina Democratic Party
220 Hillsborough Street

City Raliegh State NC Zip Code 27603

Purpose of Disbursement
Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01746-02933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3919.68

Full Name (Last, First, Middle Initial)

B. Ann Fishman

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement
DNC Meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01747-02969

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ann Fishman

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement
DNC Meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01751-02973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

190.00

SUBTOTAL of Disbursements This Page (optional)

4209.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
See Memo Items

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-01752-0000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1458.06

Full Name (Last, First, Middle Initial)

B. 1Travel.com

Mailing Address

City
Odessa

State
TX

Zip Code

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-01752-02986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

370.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Yahoo.com

Mailing Address 701 First Avenue

City
Sunnyvale

State
CA

Zip Code
94089

Purpose of Disbursement
E-Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-01752-02974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1458.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Detroit Metro McNama Parking

Mailing Address Detroit Metro Airport

City Detroit State MI Zip Code 48174

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02981

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheraton Hotels

Mailing Address 41 South Salisbury Street

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02982

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

217.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kramer Books

Mailing Address 1521 Connecticut Ave Nw

City Washington State DC Zip Code 20036

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02983

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

25.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Orchid Suites

Mailing Address 1309 Emerson Street, NW

City Washington State DC Zip Code 20011

Purpose of Disbursement

Website Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02985

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20704-1915

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02987

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

77.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Travel Services

Mailing Address

City State Zip Code

Purpose of Disbursement

Tours/Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02988

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

5.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
Airflight Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
Airflight Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Air Tran

Mailing Address Peachtree Street, NW

City
Atlanta

State
GA

Zip Code
30303

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 10 G Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Train Ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01752-02984

Date of Disbursement

/ /

Amount of Each Disbursement this Period

177.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Perkins Coie LLP

Mailing Address 1201 Third Avenue, 40th Floor

City
Seattle

State
WA

Zip Code
98101-3099

Purpose of Disbursement

Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01753-02975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1960.00

Full Name (Last, First, Middle Initial)

C. Mark Brewer

Mailing Address Michigan Democratic Party
606 Townsend

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement

Travel Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-01754-02976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

135.00

SUBTOTAL of Disbursements This Page (optional)

2095.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Patton Technologies, LLC

Mailing Address PO Box 907

City
Monticello

State
KY

Zip Code
42633

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-01755-02977

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Sprint PCS

Mailing Address PO Box 62071

City
Baltimore

State
MD

Zip Code
21264-2071

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-01756-02978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

169.91

SUBTOTAL of Disbursements This Page (optional)

769.91

TOTAL This Period (last page this line number only)

8532.65